

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/914,474

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/	
2	/		/		/	
3	/		/		/	
4	/		/		/	
5	/		/		/	
6	/		/		/	
7	/		/		/	
8	/		/		/	
9	/		/		/	
10	/		/		/	
11	/		/		/	
12	/		/		/	
13	/		/		/	
14	/		/		/	
15	/		/		/	
16		2		2	2	2
17		2		2	2	2
18		2		2	2	2
19		2		2	2	2
20		2		2	2	2
21		2		2	2	2
22		2		2	2	2
23		2		2	2	2
24		2		2	2	2
25		2		2	2	2
26		2		2	2	2
27		14		14	14	14
28	/		/		/	
29	/		/		/	
30	/		/		/	
31	/		/		/	
32	/		/		/	
33	/		/		/	
34	/		/		/	
35		1		1	1	1
36		3		3	3	3
37		3		3	3	3
38		3		3	3	3
39	/		/		/	
40	/		/		/	
41	/		/		/	
42	/		/		/	
43		4		4	4	4
44		5		5	5	5
45		6		6	6	6
46		3		3	3	3
47						
48						
49						
50						
TOTAL IND.			26		26	
TOTAL DEP.			98		98	
TOTAL CLAIMS			124		120	

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS